

115TH CONGRESS
2D SESSION

H. R. 7290

To authorize a comprehensive, strategic approach for United States foreign assistance to developing countries to strengthen global health security, and for other purposes.

IN THE HOUSE OF REPRESENTATIVES

DECEMBER 13, 2018

Mr. CONNOLLY (for himself, Mr. CHABOT, Mr. ENGEL, Mr. FITZPATRICK, Mr. BERA, and Mrs. WAGNER) introduced the following bill; which was referred to the Committee on Foreign Affairs, and in addition to the Committees on Armed Services, and Intelligence (Permanent Select), for a period to be subsequently determined by the Speaker, in each case for consideration of such provisions as fall within the jurisdiction of the committee concerned

A BILL

To authorize a comprehensive, strategic approach for United States foreign assistance to developing countries to strengthen global health security, and for other purposes.

1 *Be it enacted by the Senate and House of Representa-*
2 *tives of the United States of America in Congress assembled,*

3 **SECTION 1. SHORT TITLE.**

4 This Act may be cited as the “Global Health Security
5 Act of 2018”.

6 **SEC. 2. FINDINGS.**

7 Congress finds the following:

1 (1) In 2005, each of the 196 World Health Or-
2 ganization member states signed the International
3 Health Regulations to improve the world’s ability to
4 prevent, detect, and respond to public health events.

5 (2) In December 2009, President Obama re-
6 leased the National Strategy for Countering Biologi-
7 cal Threats, which listed as one of seven objectives
8 “Promote global health security: Increase the avail-
9 ability of and access to knowledge and products of
10 the life sciences that can help reduce the impact
11 from outbreaks of infectious disease whether of nat-
12 ural, accidental, or deliberate origin”.

13 (3) In September 2011, the United States and
14 the World Health Organization signed a memo-
15 randum of understanding to help developing coun-
16 tries strengthen their capabilities to meet the Inter-
17 national Health Regulations.

18 (4) In February 2014, the United States and
19 nearly 30 other nations launched the Global Health
20 Security Agenda (GHSA) to address several high-
21 priority, global infectious disease threats.

22 (5) The GHSA was funded with a
23 \$1,000,000,000, one-time, 5-year supplemental ap-
24 propriation that expires at the end of fiscal year
25 2019.

1 (6) Approximately 67 percent of nations have
2 not fully implemented the International Health Reg-
3 ulations and built appropriate core capacities to de-
4 tect, assess, report, and respond to public health
5 emergencies.

6 (7) In 2015, the United Nations adopted the
7 Sustainable Development Goals (SDGs), which in-
8 clude specific reference to the importance of global
9 health security as part of SDG 3 “ensure healthy
10 lives and promote well-being for all at all ages” as
11 follows: “strengthen the capacity of all countries, in
12 particular developing countries, for early warning,
13 risk reduction and management of national and
14 global health risks”.

15 (8) On November 4, 2016, President Obama
16 signed Executive Order 13747, “Advancing the
17 Global Health Security Agenda to Achieve a World
18 Safe and Secure from Infectious Disease Threats”.

19 (9) In October 2017 at the GHSA Ministerial
20 Meeting in Uganda, the United States and more
21 than 40 GHSA member countries supported the
22 “Kampala Declaration” to extend the GHSA for an
23 additional 5 years to 2024.

24 (10) In December 2017, President Trump re-
25 leased the National Security Strategy, which in-

1 includes the priority action: “Detect and contain bio-
2 threats at their source: We will work with other
3 countries to detect and mitigate outbreaks early to
4 prevent the spread of disease. We will encourage
5 other countries to invest in basic health care systems
6 and to strengthen global health security across the
7 intersection of human and animal health to prevent
8 infectious disease outbreaks”.

9 (11) In February 2018, the Director of Na-
10 tional Intelligence, Daniel R. Coats, released the
11 Worldwide Threat Assessment of the U.S. Intel-
12 ligence Community, which said “The increase in fre-
13 quency and diversity of reported disease outbreaks—
14 such as dengue and Zika—probably will continue
15 through 2018, including the potential for a severe
16 global health emergency that could lead to major
17 economic and societal disruptions, strain govern-
18 mental and international resources, and increase
19 calls on the United States for support”.

20 (12) In the Consolidated Appropriations Act,
21 2018 (Public Law 115–141), Congress provided
22 \$172,600,000 for global health security and required
23 the President to submit a global health security
24 strategy to Congress not later than 180 days after
25 the date of the enactment of that Act.

1 (13) In September 2018, President Trump re-
2 leased the National Biodefense Strategy, which in-
3 cludes objectives to “strengthen global health secu-
4 rity capacities to prevent local bioincidents from be-
5 coming epidemics”, and “strengthen international
6 preparedness to support international response and
7 recovery capabilities”.

8 **SEC. 3. STATEMENT OF POLICY; SENSE OF CONGRESS.**

9 (a) STATEMENT OF POLICY.—It is the policy of the
10 United States to—

11 (1) promote global health security as a core na-
12 tional security interest;

13 (2) advance the Global Health Security Agenda,
14 which is a multi-faceted, multi-country initiative in-
15 tended to accelerate partner countries’ measurable
16 capabilities to achieve specific targets to prevent, de-
17 tect, and respond to infectious disease threats,
18 whether naturally occurring, deliberate, or acci-
19 dental;

20 (3) collaborate with other countries to detect
21 and mitigate outbreaks early to prevent the spread
22 of disease;

23 (4) encourage other countries to invest in basic
24 health care systems; and

1 (5) strengthen global health security across the
2 intersection of human and animal health to prevent
3 infectious disease outbreaks and combat the growing
4 threat of antimicrobial resistance.

5 (b) SENSE OF CONGRESS.—It is the sense of the
6 Congress that the President, in providing assistance to im-
7 plement the strategy required under section 7(a), should—

8 (1) coordinate, through a whole-of-government
9 approach, the efforts of relevant Federal depart-
10 ments and agencies to implement the strategy;

11 (2) seek to fully utilize the unique capabilities
12 of each relevant Federal department and agency
13 while collaborating with and leveraging the contribu-
14 tions of other key stakeholders; and

15 (3) utilize open and streamlined solicitations to
16 allow for the participation of a wide range of imple-
17 menting partners through the most appropriate pro-
18 curement mechanisms, which may include grants,
19 contracts, cooperative agreements, and other instru-
20 ments as necessary and appropriate.

21 **SEC. 4. GLOBAL HEALTH SECURITY AGENDA INTERAGENCY**
22 **REVIEW COUNCIL.**

23 (a) ESTABLISHMENT.—The President shall direct the
24 staff of the National Security Council to establish a Global
25 Health Security Agenda Interagency Review Council (in

1 this section referred to as the “Council”) to perform the
2 general responsibilities described in subsection (d) and the
3 specific roles and responsibilities described in subsection
4 (f).

5 (b) CHAIR.—The Special Advisor to the President for
6 Global Health Security (designated under subsection (i)
7 of section 101 of the National Security Act of 1947 (50
8 U.S.C. 3021), as added by section 6 of this Act) shall
9 serve as Chair for the Council.

10 (c) MEETINGS.—The Council shall meet not less than
11 four times per year to advance its mission and fulfill its
12 responsibilities.

13 (d) GENERAL RESPONSIBILITIES.—

14 (1) IN GENERAL.—The Council shall be respon-
15 sible for the following activities:

16 (A) Provide, by consensus, policy-level
17 guidance to participating agencies on Global
18 Health Security Agenda (GHSA) goals, objec-
19 tives, and implementation.

20 (B) Facilitate interagency, multi-sectoral
21 engagement to carry out GHSA implementa-
22 tion.

23 (C) Provide a forum for raising and work-
24 ing to resolve interagency disagreements con-
25 cerning the GHSA.

1 (D)(i) Review the progress toward and
2 work to resolve challenges in achieving United
3 States commitments under the GHSA, includ-
4 ing commitments to assist other countries in
5 achieving the GHSA targets.

6 (ii) The Council shall consider, among
7 other issues, the following:

8 (I) The status of United States finan-
9 cial commitments to the GHSA in the con-
10 text of commitments by other donors, and
11 the contributions of partner countries to
12 achieve the GHSA targets.

13 (II) The progress toward the mile-
14 stones outlined in GHSA national plans for
15 those countries where the United States
16 Government has committed to assist in im-
17 plementing the GHSA and in annual work-
18 plans outlining agency priorities for imple-
19 menting the GHSA.

20 (III) The external evaluations of
21 United States and partner country capa-
22 bilities to address infectious disease
23 threats, including the ability to achieve the
24 targets outlined within the WHO Joint Ex-
25 ternal Evaluation (JEE) tool, as well as

1 gaps identified by such external evalua-
2 tions.

3 (E) Provide, by consensus, policy-level
4 guidance on GHSA implementation.

5 (F) Develop a report on an annual basis
6 regarding the progress achieved and challenges
7 concerning the United States Government's
8 ability to advance the GHSA across priority
9 countries. The report shall include rec-
10 ommendations to resolve, mitigate, or otherwise
11 address the challenges identified therein. The
12 report shall be transmitted to the President and
13 the appropriate congressional committees and,
14 to the extent possible, made publicly available.

15 (G) Conduct an overall review of the
16 GHSA for submission to the President and the
17 appropriate congressional committees by not
18 later than September 1, 2019. The review
19 should include an evaluation of the progress
20 achieved during the 5 years of this initiative, as
21 well as any challenges faced. The report should
22 also provide recommendations on the future di-
23 rection of the initiative.

24 (2) FORM.—The report required under para-
25 graph (1)(F) and the review required under para-

1 graph (1)(G) shall be submitted in unclassified form
2 but may contain a classified annex.

3 (3) NON-INTERFERENCE IN FOREIGN AFFAIRS
4 RESPONSIBILITIES.—The Council shall not perform
5 any activities or functions that interfere with the
6 foreign affairs responsibilities of the Secretary of
7 State, including the responsibility to oversee the im-
8 plementation of programs and policies that advance
9 the GHSA within foreign countries.

10 (e) PARTICIPATION.—The Council shall consist of
11 representatives, serving at the Assistant Secretary level or
12 higher, from the following agencies:

13 (1) The Department of State.

14 (2) The Department of Defense.

15 (3) The Department of Justice.

16 (4) The Department of Agriculture.

17 (5) The Department of Health and Human
18 Services.

19 (6) The Department of Homeland Security.

20 (7) The Office of Management and Budget.

21 (8) The United States Agency for International
22 Development.

23 (9) The Environmental Protection Agency.

24 (10) The Centers for Disease Control and Pre-
25 vention.

1 (11) The Office of Science and Technology Pol-
2 icy.

3 (12) Such other agencies as the representatives
4 from the agencies described in paragraph (1)
5 through (11), by consensus, determine to be appro-
6 priate.

7 (f) SPECIFIC ROLES AND RESPONSIBILITIES.—

8 (1) IN GENERAL.—The heads of agencies de-
9 scribed in subsection (e) shall—

10 (A) make the GHSA and its implementa-
11 tion a high priority within their respective agen-
12 cies, and include GHSA-related activities within
13 their respective agencies' strategic planning and
14 budget processes;

15 (B) designate a senior-level official to be
16 responsible for the implementation of this Act;

17 (C) designate, in accordance with sub-
18 section (e), an appropriate representative at the
19 Assistant Secretary level or higher to partici-
20 pate on the Council;

21 (D) keep the Council apprised of GHSA-
22 related activities undertaken within their re-
23 spective agencies;

24 (E) maintain responsibility for agency-re-
25 lated programmatic functions in coordination

1 with host governments, country teams, and
2 GHSA in-country teams, and in conjunction
3 with other relevant agencies;

4 (F) coordinate with other agencies that are
5 identified in this section to satisfy pro-
6 grammatic goals, and further facilitate coordi-
7 nation of country teams, implementers, and do-
8 nors in host countries; and

9 (G) coordinate across GHSA national
10 plans and with GHSA partners to which the
11 United States is providing assistance.

12 (2) ADDITIONAL ROLES AND RESPONSIBIL-
13 ITIES.—In addition to the roles and responsibilities
14 described in paragraph (1), the heads of agencies de-
15 scribed in subsection (e) shall carry out their respec-
16 tive roles and responsibilities described in sub-
17 sections (b) through (i) of section 3 of Executive
18 Order 13747 (81 Fed. Reg. 78701; relating to Ad-
19 vancing the Global Health Security Agenda to
20 Achieve a World Safe and Secure from Infectious
21 Disease Threats), as in effect on the day before the
22 date of the enactment of this Act.

1 **SEC. 5. SPECIAL ADVISOR TO THE PRESIDENT FOR GLOBAL**
2 **HEALTH SECURITY.**

3 Section 101 of the National Security Act of 1947 (50
4 U.S.C. 3021) is amended—

5 (1) in subsection (b)—

6 (A) in paragraph (3), by striking “and” at
7 the end;

8 (B) in paragraph (4), by striking the pe-
9 riod and inserting “; and”; and

10 (C) by adding at the end the following new
11 paragraph:

12 “(5) coordinate, without assuming operational
13 authority, the United States Government response to
14 global health security emergencies.”; and

15 (2) by adding at the end the following new sub-
16 section:

17 “(i) **SPECIAL ADVISOR TO THE PRESIDENT FOR**
18 **GLOBAL HEALTH SECURITY.**—

19 “(1) **IN GENERAL.**—The President shall des-
20 ignate an employee of the National Security Council
21 to be responsible for the coordination of the inter-
22 agency process for responding to global health secu-
23 rity emergencies.

24 “(2) **CONGRESSIONAL BRIEFING.**—Not less fre-
25 quently than twice each year, the employee des-
26 ignated under this subsection shall provide to the

1 appropriate congressional committees a briefing on
2 the responsibilities and activities of the individual
3 under this subsection.

4 “(3) APPROPRIATE CONGRESSIONAL COMMIT-
5 TEES DEFINED.—In this subsection, the term ‘ap-
6 propriate congressional committees’ has the meaning
7 given such term in section 9 of the Global Health
8 Security Act of 2018.”

9 **SEC. 6. STRATEGY AND REPORTS.**

10 (a) STRATEGY.—The Special Advisor to the Presi-
11 dent for Global Health Security (designated under sub-
12 section (i) of section 101 of the National Security Act of
13 1947 (50 U.S.C. 3021), as added by section 6 of this Act)
14 shall coordinate the development and implementation of
15 a strategy to implement the policy described in section
16 3(a), which shall—

17 (1) set specific and measurable goals, bench-
18 marks, timetables, performance metrics, and moni-
19 toring and evaluation plans that reflect international
20 best practices relating to transparency, account-
21 ability, and global health security;

22 (2) support and be aligned with country-owned
23 global health security policy and investment plans
24 developed with input from key stakeholders, as ap-
25 propriate;

1 (3) facilitate communication and collaboration,
2 as appropriate, among local stakeholders in support
3 of a multi-sectoral approach to global health secu-
4 rity;

5 (4) support the long-term success of programs
6 by building the capacity of local organizations and
7 institutions in target countries and communities;

8 (5) develop community resilience to infectious
9 disease threats and emergencies;

10 (6) leverage resources and expertise through
11 partnerships with the private sector, health organi-
12 zations, civil society, nongovernmental organizations,
13 and health research and academic institutions; and

14 (7) support collaboration, as appropriate, be-
15 tween United States universities, and public and pri-
16 vate institutions in target countries and communities
17 to promote health security and innovation.

18 (b) COORDINATION.—The President, acting through
19 the Special Advisor for Global Health Security, shall co-
20 ordinate, through a whole-of-government approach, the ef-
21 forts of relevant Federal departments and agencies in the
22 implementation of the strategy required under subsection
23 (a) by—

1 (1) establishing monitoring and evaluation sys-
2 tems, coherence, and coordination across relevant
3 Federal departments and agencies; and

4 (2) establishing platforms for regular consulta-
5 tion and collaboration with key stakeholders and the
6 appropriate congressional committees.

7 (c) STRATEGY SUBMISSION.—

8 (1) IN GENERAL.—Not later than October 1,
9 2019, the President, in consultation with the head of
10 each relevant Federal department and agency, shall
11 submit to the appropriate congressional committees
12 the strategy required under subsection (a) that pro-
13 vides a detailed description of how the United States
14 intends to advance the policy set forth in section
15 3(a) and the agency-specific plans described in para-
16 graph (2).

17 (2) AGENCY-SPECIFIC PLANS.—The strategy re-
18 quired under subsection (a) shall include specific im-
19 plementation plans from each relevant Federal de-
20 partment and agency that describes—

21 (A) the anticipated contributions of the de-
22 partment or agency, including technical, finan-
23 cial, and in-kind contributions, to implement
24 the strategy; and

1 (B) the efforts of the department or agen-
2 cy to ensure that the activities and programs
3 carried out pursuant to the strategy are de-
4 signed to achieve maximum impact and long-
5 term sustainability.

6 (d) REPORT.—

7 (1) IN GENERAL.—Not later than 1 year after
8 the date on which the strategy required under sub-
9 section (a) is submitted to the appropriate congres-
10 sional committees under subsection (c), and not later
11 than October 1 of each year thereafter, the Presi-
12 dent shall submit to the appropriate congressional
13 committees a report that describes the status of the
14 implementation of the strategy.

15 (2) CONTENT.—The report required under
16 paragraph (1) shall—

17 (A) contain a summary of the strategy as
18 an appendix;

19 (B) identify any substantial changes made
20 in the strategy during the preceding calendar
21 year;

22 (C) describe the progress made in imple-
23 menting the strategy;

24 (D) identify the indicators used to estab-
25 lish benchmarks and measure results over time,

1 as well as the mechanisms for reporting such
2 results in an open and transparent manner;

3 (E) contain a transparent, open, and de-
4 tailed accounting of expenditures by relevant
5 Federal departments and agencies to implement
6 the strategy, including, for each Federal depart-
7 ment and agency, the statutory source of ex-
8 penditures, amounts expended, implementing
9 partners, targeted beneficiaries, and activities
10 supported;

11 (F) describe how the strategy leverages
12 other United States global health and develop-
13 ment assistance programs;

14 (G) assess efforts to coordinate United
15 States global health security programs, activi-
16 ties, and initiatives with key stakeholders; and

17 (H) incorporate a plan for regularly re-
18 viewing and updating strategies, partnerships,
19 and programs and sharing lessons learned with
20 a wide range of stakeholders, including key
21 stakeholders, in an open, transparent manner.

22 (e) FORM.—The strategy required under subsection
23 (a) and the report required under subsection (d) shall be
24 submitted in unclassified form but may contain a classi-
25 fied annex.

1 **SEC. 7. COMPLIANCE WITH THE FOREIGN AID TRANS-**
2 **PARENCY AND ACCOUNTABILITY ACT OF**
3 **2016.**

4 Section 2(3) of the Foreign Aid Transparency and
5 Accountability Act of 2016 (Public Law 114–191; 22
6 U.S.C. 2394c note) is amended—

7 (1) in subparagraph (C), by striking “and” at
8 the end;

9 (2) in subparagraph (D), by striking the period
10 at the end and inserting “; and”; and

11 (3) by adding at the end the following:

12 “(E) the Global Health Security Act of
13 2018.”.

14 **SEC. 8. DEFINITIONS.**

15 In this Act:

16 (1) **APPROPRIATE CONGRESSIONAL COMMIT-**
17 **TEES.**—The term “appropriate congressional com-
18 mittees” means—

19 (A) the Committee on Foreign Affairs and
20 the Committee on Appropriations of the House
21 of Representatives; and

22 (B) the Committee on Foreign Relations
23 and the Committee on Appropriations of the
24 Senate.

25 (2) **GLOBAL HEALTH SECURITY.**—The term
26 “global health security” means activities supporting

1 epidemic and pandemic preparedness and capabili-
2 ties at the country and global levels in order to mini-
3 mize vulnerability to acute public health events that
4 can endanger the health of populations across geo-
5 graphical regions and international boundaries.

6 **SEC. 9. SUNSET.**

7 This Act, and the amendments made by this Act
8 (other than section 5), shall cease to be effective on De-
9 cember 31, 2024.

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